



North Carolina State Board of Elections

NVRA AGENCY VOTER REGISTRATION PROGRAM

AGENCY TRANSMITTAL FORM

TO: _____ County Board of Elections

Please complete the fields below and enclose this form with the materials to be transmitted to the County Board of Elections. Retain a copy for your records.

Agency Transmittal Date:	
Agency Name:	
Agency Contact Person:	
Agency County:	
Agency Type:	<input type="checkbox"/> DSS <input type="checkbox"/> Div. of Medical Assistance <input type="checkbox"/> Div. Public Health <input type="checkbox"/> Services for Blind <input type="checkbox"/> Deaf & Hard of Hearing <input type="checkbox"/> Vocational Rehab <input type="checkbox"/> WIC <input type="checkbox"/> ESC <input type="checkbox"/> Mental Health, Disabilities, Substance Abuse
Agency Source Code:	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03
Number of Preference Forms	
Number of Voter Registration Applications	
Comments	

For CBE Administrative Purposes	
Date Received	
Method of Delivery	<input type="checkbox"/> In Person <input type="checkbox"/> By Mail <input type="checkbox"/> Courier <input type="checkbox"/> County Mail